

Deputy Sheriff Plan (Aetna)

Benefits at a Glance



King County

Benefits, Payroll and
Retirement Operations

Plan Feature	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Provider choice</i>	<p>You may choose any qualified provider, but you receive higher coverage when you use network providers.</p> <p>Reimbursement for out-of-network medical services is based on reasonable and customary (R&C) rates, and reimbursement for out-of-network prescription drug services is based on the rates Express Scripts pays its network pharmacies. You pay amounts in excess of these rates.</p>	
<i>Annual deductible</i>	<p>\$50/person; \$150/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>	<p>\$600/person; \$1,800/family</p> <p>Deductible amounts applied to charges incurred in the last three months of the calendar year are carried over and applied to the next year's deductible.</p> <p>The deductible doesn't apply to prescription drugs, preventive care or hearing aids.</p>
<i>Copays</i>	Applicable only to emergency room care and prescription drugs	
<i>After the deductible/copays, the plan pays most covered services at these levels until you reach the annual out-of-pocket maximum</i>	<p>Network: 90% (You pay 10% coinsurance)</p> <p>Out-of-network: 70% (You pay 30% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (deductible doesn't apply)</p>	<p>Network: 80% (You pay 20% coinsurance)</p> <p>Out-of-network: 60% (You pay 40% coinsurance)</p> <p>100% of network rate after applicable copays for prescription drug claims (deductible doesn't apply)</p>
<i>Annual out-of-pocket maximum for medical services</i>	<p>Network: \$375/person or \$1,125/family, plus deductible</p> <p>Out-of-network: \$1,600/person or \$3,200/family, plus deductible</p> <p>Doesn't apply to prescriptions</p>	<p>Network: \$1,000/person or \$2,000/family, plus deductible</p> <p>Out-of-network: \$2,800/person or \$3,600/ family, plus deductible</p> <p>Doesn't apply to prescriptions</p>
<i>Annual out-of-pocket maximum for prescription drugs</i>	\$1,500/person or \$3,000/family	
<i>After you reach the out-of-pocket maximum for medical services, most benefits are paid for the rest of the calendar year at this level</i>	<p>Network: 100%</p> <p>Out-of-network: 100% of R&C charges</p>	
<i>Lifetime maximum</i>	No limit	

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Allergy testing and treatment (including injections separate from office visit)</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Alternative care (including medically necessary acupuncture, hypnotherapy and massage therapy)</i>	Network: 90% Out-of-network: 70% Massage therapy does not require a prescription from a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)	Network: 80% Out-of-network: 60% Massage therapy does not require a prescription from a physician. A total of 60 covered visits/year (may include any combination of acupuncture, hypnotherapy and/or massage therapy visits)
<i>Ambulance services</i>	Network: 90% Out-of-network: 90%	Network: 80% Out-of-network: 80%
<i>Applied behavioral analysis therapy for autism-spectrum disorders (requires preauthorization)</i>	Network: 90% Out-of-network: 70% No limit on number of days or visits. No age limit.	Network: 80% Out-of-network: 60% No limit on number of days or visits. No age limit.
<i>Chemical dependency treatment (requires preauthorization)</i>	Network: 100% Out-of-network: 70%	Network: 100% Out-of-network: 60%
<i>Chiropractic care and manipulative therapy (like all services, must be medically necessary)</i>	Network: 90% Out-of-network: 70% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders	Network: 80% Out-of-network: 60% Up to 33 visits/year for combined network and out-of-network services Limited to diagnosis and treatment of musculoskeletal disorders
<i>Diabetes care training</i>	Network: 90% when prescribed by your physician Out-of-network: 70% when prescribed by your physician	Network: 80% when prescribed by your physician Out-of-network: 60% when prescribed by your physician
<i>Diabetes supplies (insulin, needles, syringes, lancets, etc.)</i>	Covered under prescription drugs	
<i>Durable medical equipment, prosthetics and orthopedic appliances</i>	Network: 90% Out-of-network: 70% Preauthorization required for expense of \$1,000 or more	Network: 80% Out-of-network: 60% Preauthorization required for expense of \$1,000 or more
<i>Emergency room care (Also see "Urgent Care")</i>	Emergency care, network and out-of-network: 90% after \$25 copay/visit (waived if admitted) Non-emergency care, network and out-of-network: 90% after \$25 copay/visit	Emergency care, network and out-of-network: 80% after \$100 copay/visit (waived if admitted) Non-emergency care, network and out-of-network: 80% after \$100 copay/visit

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Family planning</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Growth hormones</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized May also be covered under the prescription drug benefit	Network: 80% when preauthorized Out-of-network: 60% when preauthorized May also be covered under the prescription drug benefit
<i>Hearing aids</i>	100%, up to \$500 in 36 months for combined network and out-of-network services Deductible doesn't apply.	
<i>Hearing exam</i>	Network: 100%, no deductible (included as part of routine physical exam) Out-of-network: 70%, after deductible (included as part of routine physical exam)	Network: 100%, no deductible (included as part of routine physical exam) Out-of-network: 60%, after deductible (included as part of routine physical exam)
<i>Home health care</i>	100% when preauthorized, up to 130 visits/year for combined network and out-of-network services	
<i>Hospice care</i>	100% when preauthorized 12-month lifetime maximum 120-hour maximum for respite care in any 3-month period 12-month maximum for bereavement services	
<i>Hospital care (both inpatient and outpatient, including outpatient surgery)</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<i>Infertility</i>	Network: 90% Out-of-network: 70% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services	Network: 80% Out-of-network: 60% Limited to specific services and \$25,000 lifetime maximum for combined network and out-of-network services
<i>Injury to teeth (only accidental injury covered— injury from biting and chewing not covered)</i>	Network: 90% Out-of-network: 70% Treatment must be provided within 12 months of date of injury, except for children under age 14.	Network: 80% Out-of-network: 60% Treatment must be provided within 12 months of date of injury, except for children under age 14.
<i>Inpatient care alternatives</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Jaw abnormalities, or malocclusions (covered when medically necessary)</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<i>Lab, X-ray and other diagnostic testing</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Maternity care</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Mental health care</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Naturopathy</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Neurodevelopmental therapy</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<i>Obesity surgery or other procedures, treatment or services, such as gastric intestinal bypass surgery</i>	Network: 90% when preauthorized and medically necessary Out-of-network: 70% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program is required before preauthorization.	Network: 80% when preauthorized and medically necessary Out-of-network: 60% when preauthorized and medically necessary Successful completion of a physician-supervised weight management and exercise program is required before preauthorization.
<i>Out-of-area coverage—for example, while traveling or for your covered children away at school</i>	Same coverage as when home, through Aetna and Express Scripts national provider networks	
<i>Phenylketonuria (PKU) formula</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Physician and other medical/surgical services</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Prescription drugs—Up to a 30-day supply through network pharmacies</i>	<p>Generic: 100% after \$7 copay</p> <p>Preferred brand: 100% after \$20 copay (if a generic is available and your physician obtains preauthorization for use of the brand, you may only pay a \$12 copay—see “Preventive Care” under “What’s Covered and What’s Not” for more information)</p> <p>Non-preferred brand: 100% after \$30 copay (if a generic is available and your physician obtains preauthorization for use of the brand, you may only pay a \$25 copay—see “Preventive Care” under “What’s Covered and What’s Not” for more information)</p> <p>Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.</p>	<p>Generic: 100% after \$7 copay</p> <p>Preferred brand: 100% after \$30 copay (if a generic is available and your physician obtains preauthorization for use of the brand, you may only pay a \$22 copay—see “Preventive Care” under “What’s Covered and What’s Not” for more information)</p> <p>Non-preferred brand: 100% after \$60 copay (if a generic is available and your physician obtains preauthorization for use of the brand, you may only pay a \$45 copay—see “Preventive Care” under “What’s Covered and What’s Not” for more information)</p> <p>Prescriptions filled at out-of-network pharmacies are reimbursed at the rate Express Scripts pays to network pharmacies, less your copay.</p>
<i>Prescription drugs—Up to a 90-day supply through mail-order network only</i>	<p>Generic: 100% after \$14 copay</p> <p>Preferred brand: 100% after \$40 copay (if a generic is available and your physician obtains preauthorization for use of the brand, you may only pay a \$24 copay—see “Preventive Care” under “What’s Covered and What’s Not” for more information)</p> <p>Non-preferred brand: 100% after \$60 copay (if a generic is available and your physician obtains preauthorization for use of the brand, you may only pay a \$50 copay—see “Preventive Care” under “What’s Covered and What’s Not” for more information)</p>	<p>Generic: 100% after \$14 copay</p> <p>Preferred brand: 100% after \$60 copay (if a generic is available and your physician obtains preauthorization for use of the brand, you may only pay a \$44 copay—see “Preventive Care” under “What’s Covered and What’s Not” for more information)</p> <p>Non-preferred brand: 100% after \$120 copay (if a generic is available and your physician obtains preauthorization for use of the brand, you may only pay a \$90 copay—see “Preventive Care” under “What’s Covered and What’s Not” for more information)</p>
<i>Preventive care (well-child check-ups, immunizations, routine health and hearing exams, etc.)</i>	<p>Network: 100%</p> <p>Out-of-network: 70%</p> <p>Deductible doesn’t apply.</p>	<p>Network: 100%</p> <p>Out-of-network: 60%</p> <p>Deductible doesn’t apply.</p>
<i>Radiation therapy, chemotherapy and respiratory therapy</i>	<p>Network: 90%</p> <p>Out-of-network: 70%</p>	<p>Network: 80%</p> <p>Out-of-network: 60%</p>

Covered Expenses	Deputy Sheriff Plan Gold	Deputy Sheriff Plan Silver
<i>Reconstructive services (includes benefits for mastectomy-related services; reconstruction and surgery to achieve symmetry between the breasts, prostheses and complications resulting from mastectomy, including lymphedema)—Call plan for more information.</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%
<i>Rehabilitative services—Inpatient and outpatient</i>	Network: 90% Out-of-network: 70% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)	Network: 80% Out-of-network: 60% <i>Inpatient:</i> Up to 60 days/year <i>Outpatient:</i> Up to 60 visits/all therapies combined (progress review every 20 visits for out-of-network outpatient)
<i>Skilled nursing facility</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized	Network: 80% when preauthorized Out-of-network: 60% when preauthorized
<i>Smoking cessation</i>	100%, no deductible Prescription drugs to ease nicotine withdrawal, inhalers and sprays are covered by Express Scripts at 100% (no copay); non-prescription nicotine patches, lozenges and gum are covered by Aetna at 100%.	
<i>Temporomandibular joint (TMJ) disorders</i>	Network: 90% when preauthorized Out-of-network: 70% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services	Network: 80% when preauthorized Out-of-network: 60% when preauthorized Night guards are covered if prescribed by a medical doctor for a TMJ disorder. Up to \$2,000/year for combined network and out-of-network services
<i>Transplants (certain services only)</i>	Network: 100% when preauthorized Out-of-network: 70% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered. No lifetime maximum	Network: 100% when preauthorized Out-of-network: 70% when preauthorized Medical coverage must have been continuous for more than 12 months under KingCare SM before a transplant will be covered. No lifetime maximum
<i>Urgent care (ear infections, high fevers, minor burns, etc.)</i>	Network: 90% Out-of-network: 70%	Network: 80% Out-of-network: 60%